

Howard County Department of Police Meeting/Presentation Request Form

Topic/Issue:	
Event Date/Day of	week/Time:
Contact Name:	
Phone#: Day	Evening
Community/Orga	nization:
Event Location:	
Audience Size:	Children? Ages:
Nature of Request	(please be very specific):
	(For Police Department Use Only)
Request received by: Area (A, B,C, D or E)	Date:
REVIEWED BY S	
	OVED BY OPA, assigned to:
	O ANOTHER HCPD SUPERVISOR:
	E ABOVE CONTACT TO CONFIRM OR DENY REQUEST
	ED BY SUPERVISOR:
Reason for denial:	
Person contacted: Contacted by:	Date
Handout materials prov	Date:
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SUPERVISOR'S SIGNATURE: